

Burton Senior Center

3410 South Grand Traverse, Burton, MI 48529
(810) 744-0960

The Burton Senior Center is funded by the City of Burton, Community Block Grant funds, your donations and the Genesee County Senior Services Millage. Your tax dollars at work.

2012 PARTICIPATION APPLICATION AND NEWSLETTER RENEWAL

Please Print Clearly

Required Information

Please complete and return the following personal information for our records. The medical information is for your protection in case of a medical emergency. **A donation is always accepted and greatly appreciated, but is not a requirement for participation.** A monthly newsletter is always included.

Last Name: _____ **Are You A Genesee County Resident** ____ Yes ____ No

Man's First Name: _____ **Woman's First Name:** _____

Phone Number: (____) _____ **Wedding Anniversary:** _____

Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip Code:** _____

Man's Birthday: ____/____/____ **Woman's Birthday:** ____/____/____

E-Mail Address _____ **E-Mail Address** _____

Man's Physician: _____ **Physician's Phone No.:** (____) _____

Medical Problems/Allergies/Handicaps: _____

Medications/Special Diet: _____

Woman's Physician: _____ **Physician's Phone No.:** (____) _____

Medical Problems/Allergies/Handicaps: _____

Medications/Special Diet: _____

EMERGENCY CONTACTS:

Name: _____ **Relation:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Name: _____ **Relation:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

I understand the information provided above will be kept confidential. In the case of medical emergency, medical information will be released to emergency personnel.

Suggested donation
amount is: \$10 per person
or \$15 per couple

Signature: _____ **Date:** _____

Donation Amount \$ _____